

# Milestones Preschool

## 2024-2025 New Student Application

Child's Name: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 1 E-mail: \_\_\_\_\_

Parent 1 Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 2 E-mail: \_\_\_\_\_

Parent 2 Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

**How many days a week are you interested in your child attending Milestones?**

2 days a week

3 days a week

5 days a week

**Allergies? If yes, please specify.**

Yes  No

**Separation Experience?**

Yes  No

**Toilet Trained?**

Yes  No

**School Visit Request:**

Please visit our website at [www.milestonesuws.com/tours](http://www.milestonesuws.com/tours) to view our virtual tour or to schedule a school visit!

Please submit this application via e-mail to [debbie@milestonesuws.com](mailto:debbie@milestonesuws.com) or mail it to us at 319 West 74th Street, 2A, NY, NY 10023.